

# Ethical Dilemmas of Technology Use for Clinicians and Clinical Supervisors

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## Goals for the day

- Participants will be able to discuss the pros and cons of technology and the use of technology in the work we do.
- Participants will develop an increased understanding of potential pitfalls and risks associated to technology and the digital era as it relates to treatment and client care.
- Participants will be able to identify several preventative strategies to reduce risks related to technology and clinical work.

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## No legal advice – just educational information

- There is always something more to know about ethics
- There are always more questions about ethics
- Sometimes your questions are not answered the way you want or to the fullest extent you want or need



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### Values vs Ethics

- Values = determine what is wrong and what is good
- Ethics = doing what is wrong and what is good




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### Ethics

- The hard and fast non-negotiable rules
- Set of principals of "right conduct"
- Standards of behavior that tell us how human beings act in situations they find themselves in
- The discipline dealing with what is good and bad and with moral duty and obligation
- The principles of conduct governing an individual or a group




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### Ethics defined

- Rules, standards, codes or principals that provide guidelines for appropriate behavior and truthfulness in providing peer-based recovery support services
- It is not....
  - The same as feeling
  - Religion
  - Following the law
  - Following culturally accepted norms
  - Science




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### Ethical arenas

- Ethical issues can crop up in many ways and many forms
  - Service context
  - Personal conduct of the treating professional
  - Conduct in service relationships
  - Conduct in relationship with other services providers
  - Conduct in relationships with local recovery community
- Others .....




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### Exploring ethics

- Latrogenic – unintended treatment caused harm or injury. It means that an action taken, possibly with the best of intentions to help someone actually resulted in injury or death
- Fiduciary – describes relationships in which one person has assumed a special duty and obligation for the care of another. The work is a reminder that the relationship between the provider and those who he or she provides services to is not a relationship of equal power. It is not a solely supportive friendship.
  - Fiduciary implies that one person in the relationship enters with increased vulnerability requiring the objectivity, support and protection of the other.

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### Exploring ethics

- Boundary management – encompasses the decision that increases or decreases the intimacy within the relationship.



- ????Can you think of some reasons why????
- For example the CRS services rely on reciprocity and minimizing social distance between the helper and those being helped

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### Exploring ethics

- Multi party vulnerability – phase that conveys how multiple parties can be injured by what a provider does or fails to do. These parties include the recovering person, their family, the organization, the larger community etc.

- Time for some group work – what are the top three ethical pitfalls you face as a supervisor ☺

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### Ethics and Self Care



- What is HEALTH?
  - Condition of being sound in mind, body and spirit
  - Overall condition of someone's body or mind

- What is SELF CARE?
  - Care of the self without medical or other professional consultants

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### Ethics and Responsibility

- It is the utmost importance that you take care of yourself!!!!
- Self care is your personal, professional and ethical responsibility
- We as professionals can use the same tools we encourage our clients to use
  - How do you model this as a supervisor?

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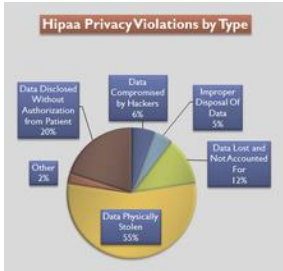
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In a study published in 2013, the authors found that 93% of counselors were receiving inadequate supervision and 35% were receiving harmful supervision.

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(Ellis et al., 2013, p.436)

### Summary of the Problem

- There aren't enough SUD counselors.
- Those that are working aren't getting enough professional support.
- Opportunities for collaboration and support between therapists is limited.
- Burnout and turnover result from feeling overwhelmed.
- Low job satisfaction leads to lower quality services.
- Supervision takes time and money, and leaving less time to provide services. (Kanz, 2001; Reese et al., 2009)

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Can technology approximate the experience of in-person supervision and training?



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Another study found increases in job satisfaction and rural retention rates for mental health physicians are linked to access to technology which allowed them to connect with other health professionals outside of their geographic area.



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Rather than questioning whether TBCS is “as good” as traditional supervision ...

# ASK

*What is now possible and how can it serve my supervisees and their clients?*

(Roumaniere et al., 2014)

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## Key Benefits to **6** Technology-Based Clinical Supervision

1. Increases access to quality supervision
2. Enhances cultural competency
3. Strengthens professional identity
4. Supports program integration
5. Shepherds in a new era of technology
6. Promotes fidelity to evidence-based practices

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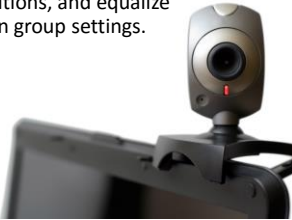
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## Technology Paradox

Limitations imposed by technology improve the focus and quality of conversations, decrease inhibitions, and equalize contributions in group settings.



(Resse et al., 2009; Gamon et al., 1998)

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**“The supervisory relationship is the crucible in which ethical practice is established and reinforced.”**

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### The Clinical Supervisor

- Models sound ethical and legal practices
- Translates ethical concepts into practice
- Helps the clinician develop ethical decision-making tools



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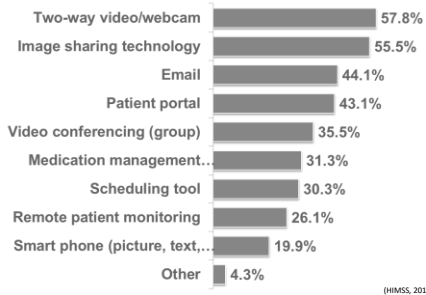
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HIMSS Survey 2014: Most Widely Used Telemedicine Technologies



(HIMSS, 2014)

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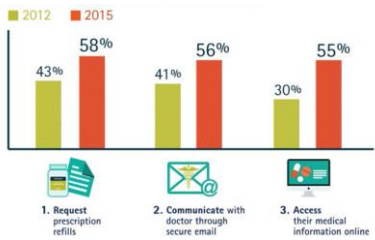
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### Patient Technology Use



(Accenture, 2015)

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As new generations of supervisors who are comfortable with technology begin their careers, it is likely that new technologies will increasingly become integrated into supervision as routine practice.



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Above all else, Clinical Supervisors using technologies to deliver clinical supervision services should be well-trained in clinical supervision.



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### Technology for Use in Supervision

- Telephone
- Videoconference
- Digital video and audio recordings
- Email
- Text/Chat/Instant Messaging
- Apps for smartphones and tablets
- Avatars

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### Overall Best Practices

- Never discuss protected health information (PHI) unless technology is secure, password-protected, and vetted by legal expert
- Be aware of tone and style: check in to make sure your meaning is understood
- Develop a communication structure that includes systematic check-ins and summarization
- Engagement is the key to success

### Prepare and Practice!

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### Videoconferencing



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Use for direct observation, individual and group supervision, screen sharing video, and didactic teaching

#### Benefits:

- Audio and visual cues
- Free and low-cost options available
- Promotes alliance



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Physical Environment

- Aim to provide comparable professional specifications of a standard office

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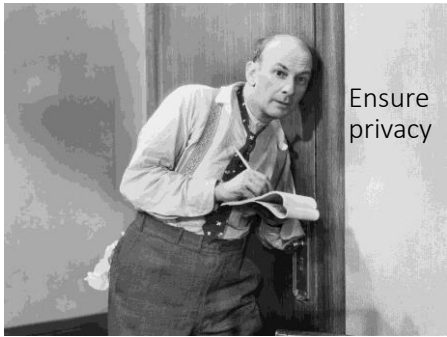
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Ensure privacy

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Announce presence of other people

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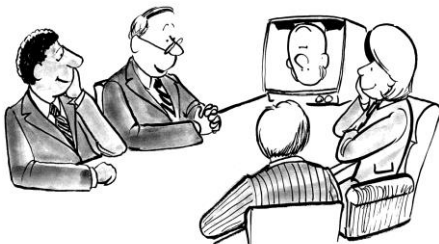
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"I take it your world is upside down."

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### Digital Video or Audio Recording

Use to record counseling sessions for review by supervisor. The supervisor can record sessions for teaching therapeutic techniques or demonstrating role-plays.

**Benefits:**

- Enables direct observation of client-counselor interact
  - Inexpensive
- Flexible means of sl




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### Video/Audio Best Practice Tips

- Recordings should *never* be made, stored, or transferred to a computer without complete security protocols in place.
- To better protect client privacy, focus the camera on the counselor only.
- To capture both the client and counselor, a mirror can be positioned beside the client, who faces the counselor and camera.

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### Options for Sharing Files

- **Mail** - Snail mail
- **Screen Sharing** - Supervisees play video on their own computer and use share screen option in videoconferencing software: technologically simple but requires excellent internet connectivity; may reduce video quality
- **Online file transfer** - Use encrypted service: fast, economical, technologically complex

(Rousmaniere et al., 2014b)

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How will the audio or video file be stored and deleted to protect client privacy?



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### Cloud-Based Software

Use for storing and transferring files from one device to another, such as for sharing video or audio recordings of sessions.

- Benefits
- Cheap or free
  - Easy to use
  - Increasingly common



(Devereaux & Gottlieb, 2012; Rousmaniere et al., 2014b)

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### File Sharing Best Practice Tips

- Never use cloud-based storage without first thoroughly vetting the program for HIPAA compatibility and ensuring that sending and receiving devices are compliant with privacy and confidentiality standards.
  - Use encryption software to protect confidential data.
- Always use passwords and ensure proper privacy settings by all users.

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### Email

Use for providing feedback or answering non-urgent questions that do not include confidential information.

#### Benefits:

- Easy to use
- Allows for thoughtful exchange without time constraints; prompts reflection
  - Lowers inhibitions
  - Allows for record-keeping

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### Email Best Practice Tips

- *Never* exchange PHI via email, and delete any message that contains sensitive information from the reply
  - Avoid use in crisis situations, given the asynchronous nature of email
- Plan with supervisee for which situations warrant alternate method of communication
  - Practice careful monitoring of tone
- Plan for time to write emails—rushed messages often lead to miscommunication

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### Security of Email

- Emails are stored at multiple locations: the sender's computer; your Internet Service Provider's (ISP) server; & the receiver's computer.
- Deleting an email from your inbox doesn't mean there aren't multiple other copies still out there.
- Emails are vastly easier for employers and law enforcement to access than phone records.
- Finally, due to their digital nature they can be stored for very long periods of time.

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### Text/Chat/Instant Messaging (IM)

Use for quick, non-confidential conversations and for providing prompts during live direct observation.

**Benefits:**

- Synchronous and immediate
- Secure applications are available
  - Easy to use
- Allows for discreet feedback in direct observation

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### Text/IM Best Practice Tips

- Never exchange PHI via text or chat, unless using a private and secure program.
- Clarify with supervisee when text and chat are appropriate means of communication.
- Use for simple exchanges; choose another means of communication for complex conversations or communications between a group.
  - Carefully monitor the tone of messages.
- When using chat tools for providing prompts during live supervision, practice for clarity, brevity, and how to communicate praise and critique.

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### Apps for Smartphones and Tablets

Use for chat and video-conferencing to provide rapid feedback during live supervision

**Benefits:**

- Accessible on many devices
  - Portable
- Cutting edge technology




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### Smartphone/Tablet Best Practice Tips

- **Never** exchange PHI without confirming that an application and all sending and receiving devices are private and secure.
- Make sure all users are comfortable with the technology's privacy settings.
- Password-protect all devices and enable remote wiping of data if stolen.
- Never use apps on public/unsecured WIFI.
  - Monitor use of new apps.

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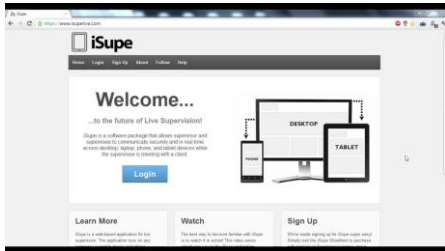
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### Do Not Use ...

- **Facebook** or other social networking sites
- **Public WIFI** to access any confidential files or websites
- **Email, Chat, or Text Message** to exchange protected health information unless its through a secure, password-protected program
- **Advice from others** about using a program without consulting your own HIPAA compliance resource expert
- **Any technology without client consent**

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Thank you 😊

- Have a great week!
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